

EXHIBIT K

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF DEMETRIUS BROWN	COURT CASE NUMBER 1:04-cv-379
DEFENDANT JOHN J. LAMANNA	TYPE OF PROCESS SUMMONS

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JOHN J. LAMANNA
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Federal Correctional Institution McKean, Route 59, Big Shanty Road, P.O. Box 5000, Lewis Run, PA. 16738

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<input checked="" type="checkbox"/> Demetrius Brown Reg. No. 21534-039 FCI RayBrook P.O. Box 9001 RayBrook, NY. 12977	1
	Number of parties to be served in this case
	9
	Check for service on U.S.A.
	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

The Defendant is hereby summoned and required to serve upon Plaintiff, Demetrius Brown, whose address is stated above, an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. The nature of this action is a Tort Claim for personal injuries suffered due to ETS in which relief is for ten million dollars; filed with Clerk for W.D.PA.

Signature of Attorney other Originator requesting service on behalf of: <i>Demetrios Brown</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		<i>8/30/05</i>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE

Acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u> </u>	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---------------------------------------------------------------------------------------------------------------------------------	--------------------------------	---------------------------------	--------------------------------	----------------------------------------------	------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
----------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

Address (complete only different than shown above)	Date <i>Aug</i>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
----------------------------------------------------	--------------------	--------------------------------------------------------------------

Service Fee <i>JL</i>	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges <i>JL</i>	Advance Deposits	Amount owed to U.S. Marshal or (Amount of Refund) <i>\$1,802</i>
--------------------------	--------------------------------------------	----------------	----------------------------	------------------	---------------------------------------------------------------------

REMARKS: 01C/LW dictated 09/15/05

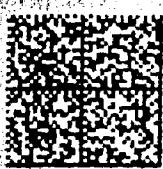
09/27/05 RETURNED TO COURT UNEXECUTED - NO SUCH NUMBER PER COPY OF ENVELOPE.

- 5 COPIES:**
1. CLERK OF THE COURT
 2. USMS RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
 5. ACKNOWLEDGMENT OF RECEIPT
- PRIOR EDITIONS MAY BE USED



RECEIVED
U.S. MAIL
OCT 1 A 2005
0004202319 SEP 14 2005
MAILED FROM ZIP CODE 15219

\$ 02.670



REASON CHECKED

- Unclaimed _____
Addressee refused _____
Addresser unknown _____
Insufficient address _____
No such street _____
No such office number _____
Do not re-mail in this area _____

RETURN TO WRITER

JOHN J. LAMANNA
FCI MCKEAN
ROUTE 59, BIG SHANTY, OHIO
P.O. BOX 5000
LEWIS RUN, OH 44635-5000